

Prevention Activity Sheet

Program/Group:		Month		Day		Year	
Location:							
(No Abbreviations)							
Start Time:		AM	PM	End Time:		AM	PM
Contact Hours:							

Strategy & Billing Code

- ☐ Information Dissemination (H0024)
 ☐ Environmental Approaches (H0025)
 ☐ Community-Based Processes (H0026)
 Education ☐ (H0027) ☐ (H0027:HF) ☐ (H0027:HF;HA)
 ☐ Problem Identification and Referral (H0028)
 Alternatives ☐ (H0029) ☐ (H0029:HF) ☐ (H0029:HF;HA)

Topic/Activity:

Description:

List Total Number for Each:				Check Applicable:	
Race		Ethnicity		Gender	Age
(AA) African-American	_____	(NH) Not Hispanic	_____	Male	5-11
(C) Caucasian	_____	(PR) Puerto Rican	_____	Female	12-14
(AN) Alaska Native	_____	(M) Mexican	_____		15-17
(AI) American Indian	_____	(C) Cuban	_____		18-20
(A) Asian	_____	(OH) Other Specific Hispanic	_____		21-24
(NP) Nat. Haw/P. Islander	_____	(HN) Hispanic-Not Specific	_____		25-44
(O) Other	_____				45-64
(T) Two or more races	_____				65-over
					Unknown

Check Applicable:			
IOM Group Identifier	Community Type	Community Size	
Universal	Rural	0 - 5000	30001-40000
Selected	Urban	5001-10000	40001-50000
Indicated		10001-20000	50001 or more
		20001-30000	

Risk Factor(s): _____

Domain(s):
 Individual _____ Family _____ Peer _____ School _____ Community _____ Society/Environmental _____

Record Score, if applicable:

Pre-Test _____ Post-Test _____ Outcome: _____

Attendance Roll/Log

	Name	Age	Race	Ethnicity	Gender
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

Prevention Provider Signature

(Signature of the individual(s) who provided the actual service.)

Date

Prevention Specialist/Coordinator Signature

(Only if the individual above is under supervision and working toward credentialing)

Date